# CHENTSI& DRUCEISI

The newsweekly for pharmacy

November 29, 1986

a Benn publication

No cut-off date as DHSS issues draft guidelines — Northern LPCs to go to court?

Who is liable? Consumer Bill under scrutiny

AIDS leaflet via pharmacies in New Year

YPG calls for vocational training

Topics in treatment prostaglandins for ulcers

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# CHEMIST DRUGGIST

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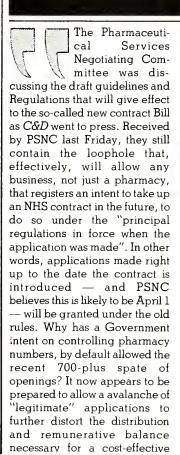
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# COMMENT





pharmaceutical service. PSNC should break off negotiations unless the Government comes up with some eleventh-hour solution that renders contract limitation meaningful.

If PSNC gets to the negotiating table again, doubtless it will be trying to ensure than any "necessary or desirable" pharmacy that opens up under the new contract and dispenses less than 16,000 scripts per annum will be paid at the 16,000 rate, and from new money.

And while the PSNC was expecting cost inquiries to be annual and compulsory for selected pharmacies, it probably did not expect to find the dubious "activity sampling" included in a process to be governed by Terms of Service. Also, contractors may not find appealing the notion that, in future, their opening times may be set by an Hours of Service Committee, probably made up of the same people that sit on the Pharmacy Practice Subcommittee.

Last week PSNC was given a mandate to negotiate further with the DHSS, but only on the stringent terms of its recent statement (C&D November 15). If the DHSS will not see reason and is tempted to impose an unfair settlement in the face of PSNC protests that it shouldn't both limit contract and penalise existing contractors unreasonably. then perhaps the prospect of litigation held out this week by the Northern LPC's will bring about another climb down by Govern ment lawyers and this time one in the interests of the profession!

# No cut-off date in contract guidelines

The Department of Health has sent out draft guidelines on the new arrangements for the control of entry to the pharmaceutical list this week. The draft (right) contains no provision for a cut-off date in the transitional arrangements as called for by the Pharmaceutical Services Negotiating Committee. In most respects the guidelines are the same as those published in C&D last year (July 13, 1985).

The consultation period on the draft guidelines runs until the end of the year. A DHSS spokesman told C&D that no decision on cut-off dates will be made until the consultation period is over. An announcement is therefore unlikely before the January LPC meeting.

The PSNC was meeting on Wednesday as C&D went to press to discuss the guidelines point by point. It is understood and "encouraging" letter was received from the DHSS on the question of cut-off dates as PSNC went into session, but details have not been released.

# Northern LPCs to take court action?

Northern contractors are likely to take legal action against the Government if it seeks to impose a contract which has no "cut off" point or is financially "unfair" or unbalanced.

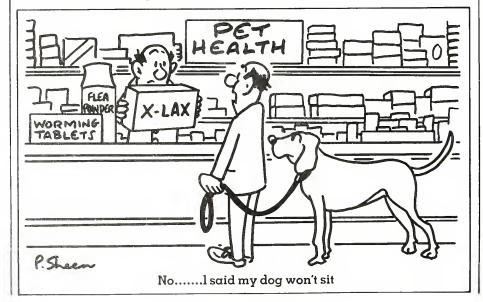
Mr Alan Tweedie, Region 1's representative on the Pharmaceutical Services Negotiating Committee, said preliminary legal soundings suggested that in such circumstances contractors could bring the Government before the European Court under contract law.

A contract that was imposed on a

profession, or a substantial element of it, against its will — and that lacked some of the financial benefits of the contract it replaced — would be "unfair" in law and actionable, according to Mr Tweedie's advisors.

Northern local pharmaceutical committees are due to meet on December 10 to decide how to act following this week's PSNC meeting. Mr Tweedie said he believed they would try to involve other LPCs if legal action became necessary.

"If pharmacies deemed 'necessary or desirable' under Group 1 are not fully remunerated, eg essential small pharmacies, then the contract is no longer cost-plus. To destroy that principle would be contrary to contractors' interests and would be unfair in fact and in law," he said.



The new arrangements for control of entry to the pharmaceutical list are spelt out in a draft document sent to FPCs this week.

The draft also proposes that participation in cost inquiries be part of the Terms of Service. It mentions revised payments for essential small pharmacies, but no expansion of the scheme.

The introduction to the draft guidelines follows:—

#### Control of entry

FPCs will each appoint a PPSC which will consider all applications. Applications following acquisition of an existing NHS pharmacy business will be approved automatically. Other applications will be accepted where the PPSC feels the proposed addition is necessary or desirable to maintain an adequate, but not overgenerous, service to the public. Otherwise the application will be rejected.

Contractors wishing to relocate their premises will also have to apply to the FPC. A shortened procedure is provided for a minor relocation. Aggrieved parties may appeal to an FPC convened panel.

The Clothier arrangements will remain in force for applications in rural areas. Applications successful at the PPSC stage will still be considered by the dispensing subcommittee and Rural Dispensing Committee if the proposed premises are in or close to controlled localities. Approval by the PPSC does not imply RDC approval. The RDC will make an independent decision.

#### Transitional arrangements

The existing arrangements for entry to the pharmaceutical list will continue until the operative date. Any application received before that date will be determined under the principal regulations in force on the date of receipt of the application. An application from a prospective contractor who had been granted preliminary consent by the RDC prior to (commencement date) will be determined under the Regulations in force immediately prior to (commencement).

#### Hours of service appeals

The Regulations provide for appeals by an LPC which cannot agree on changes in an Hours of Service scheme with the FPC to be conducted in identical manner to that for entry to a Pharmaceutical List. A similar right of appeal for a contractor who is aggrieved is also introduced.

#### Cost inquiries

Cost inquiries will be conducted annually and at other times. A small sample of contractors will be selected at random to participate. The Regulations require a contractor to comply within one month with requests to supply any information needed to conduct inquiries into prices, payments, fees, allowance and remuneration. Selected contractors may need to provide information in a variety of ways, eg questionnaires, or by allowing access to inquiry staff undertaking activity sampling within a prescribed time period.

Non-compliance with requests will constitute a breach of Terms of Service. Participation may exceptionally be exempted or deferred for good reasons. **ESP payment scheme** 

A revised scheme of payments for ESPs will come into force on (commencement date). A contractor will be eligible if and for as long as the following conditions are satisfied: that the pharmacy dispenses fewer than 16,000 items annually, and is not less than 2km (1.24 miles) in a straight line from the next nearest pharmacy and, if it dispenses fewer than 6,000 items annually, the contracting FPC has stated in writing that it is essential to the provision of proper pharmaceutical services. These are the only qualifying criteria.

Payment on leaving the list
A system of one-off payments will be
available to contractors who were
providing NHS services throughout the
financial year 1985/86, and who dispensed
less than 16,000 items in that period and
who subsequently decide to cease
providing NHS services. The scheme will
operate for a limited period of two years.
Procedure for control of entry

A memorandum has been prepared to assist FPCs and others, the guidance in it cannot be authoritative on points of law.

The objective of the new Regulations is to provide a mechanism whereby the number of NHS pharmacies is determined by the need for NHS pharmaceutical services of the local population. At all times the governing principle should be to provide reasonable access to the full range of services, taking into account the cost to the taxpayer of providing additional dispensing services, and the need to give existing contractors the opportunity to develop a fully professional service. But the primary determinant of whether an additional contract is to be awarded or additional premises opened or a relocation accepted, is whether it provides a necessary or desirable change in the NHS pharmaceutical services.

There are no hard and fast rules for determining the number and distribution of pharmacies. FPCs are recommended not to adopt norms, quotas or national average figures as an absolute guide and not to establish fixed rules.

There is no target for the number of contracts, either nationally or for individual FPCs. It must not be regarded as obligatory to replace any who elect to give up the contract. The new provisions will not prevent an existing contractor from transferring his contract on the sale of his business provided that there is no interruption to the provision of services.

Above all, FPCs should adopt a flexible approach. Local needs will change over time, and the pattern of service provision must adapt accordingly. These provisions must not be allowed to fix rigidly the pattern of service, nor do they create a closed shop.

# AIDS: pharmacy has a role

Pharmacies are to be asked to play a leading role in the new education campaign launched by the Government to alert the public to the danger of AIDS.

Forty copies of a Health Education Council leaflet "Don't aid AIDS" are to be sent to every pharmacy in the New Year, for distribution free of charge to the public.

Mr Norman Fowler, Social Services Secretary, was joined by MPs of all parties in stressing the important role to be played by pharmacies, when he announced in the Commons last week that the Government is to make £20m available over the next 12 months for an expanded and intensified public education campaign.

He also announced that the Health Education Council is to be reconstituted on a new statutory basis from April, 1987. It will then become a special health authority with a clear line of accountability to Ministers and to Parliament.

Mr Fowler assured the House that the Government would make every effort to encourage further research in seeking a cure for AIDS, and a vaccine against the virus.

Mr Michael Meacher, Labour's Shadow Social Services Secretary, welcomed the Minister's speech but maintained the Government's programme for tackling AIDS was "too little and too late". He called for preventive action by the DHSS to be matched in every region and district in the NHS.

Mr Meacher advocated the provision, as a "broad average", of £50,000 a year to enable each district to provide an AIDS prevention officer and support services. The first step, he said, should be the appointment of a team to draw up a regional programme on prevention, including regional telephone information services where appropriate.

Mr Archy Kirkwood (Liberal) suggested that rubber protective sheaths should be made available free through community pharmacies, and Mr William Hamilton (Labour) called for the provision of clean needles for drug addicts.

Mr David Crouch (Con), a member of the Medical Research Council and director of a pharmaceutical company, urged the Government to provide an additional £1m a year for the MRC.

- Around 400,000 employers are to receive booklets about AIDS in the workplace, dealing with employment issue, and basic facts on the infection.
- The DHSS drug abuse leaflets are now also being distributed through W. H. Smith. However this will no interfere with the results of a survey to assess the effectiveness of the pharmacy distribution, says a DHSS spokesman. The survey was completed in October, and additional distribution did not begin until November.

# Striking off appeal rejected

A pharmacist who was ordered to be struck off the Pharmaceutical Society Register after being duped by a woman customer into supplying a POM medicine without prescription has failed in his High Court appeal.

The judge, Mr Justice Peter Pain, said that Mr Sowood, of St Helens Road, Ormskirk, Lancs, had supplied 7,000 DF118 tablets without prescription.

He was fined £1,000 by Sefton magistrates after pleading guilty to supplying the drug unlawfully. Later the Statutory Committee ordered that his name should be removed from the Register.

The pills were supplied to a nurse who had earlier received them on prescriptions from Mr Sowood. In 1983, she told him a false story, and as a result of this and other lies — which the woman admitted — Mr Sowood supplied her with drugs without

prescription.

The judge said the court had no doubts that Mr Sowood was an excellent man who had acted out of sympathy. But Mr Sowood, who knew of a previous incident when the woman had taken an overdose, should "have seen the red light."

The judge said the Court had to decide whether Mr Sowood had behaved with such a grave lack of judgment that he should not be allowed to remain on the Register. With reluctance, the court did not consider there were grounds for allowing Mr Sowood's appeal.

The use of ipecacuanha syrup in managing poisoning should be reconsidered because there is little evidence that it prevents drug absorption or systemic toxicity, says last week's *British Medical Journal*.

Giving ipecacuahna may prevent the use of specific treatment such as oral methionine and activated charcoal, says the *BMJ*. Secondly, the effects of ipecacuanha may mimic those of poisoning and introduce uncertainty as to its cause.

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# YPG call for more training

A period of vocational training for newly-qualified pharmacists allowing "limited" periods of sole responsibility was recommended by the Young Pharmacists' Group at their first Conference last weekend.

The present situation, where a young pharmacist can be responsible for a hospital or community pharmacy immediately after registration, is not in the public interest, according to an education report compiled by Mark Koziol, Chris Stock and Alison Morley.

During vocational training a young pharmacist could work with a senior pharmacist, consolidate earlier training, and gain experience in management, says the YPG. The effect on pharmaceutical services of a potential 1,100 "second" pharmacists would be beneficial, particularly in the community. But to achieve this, a second pharmacist allowance is essential, claims the YPG.

Continuing education for pharmacists would be best achieved by a good practice allowance tied to an "accreditation" points system, the YPG suggests. Points would be awarded on completion of training modules, and payment should be directly proportional to the number gained.

The report also covered recruitment to

the profession, undergraduate course content, and preregistration training. Council member Alan Nathan congratulated the YPG on its report, and recommended it submission to Council. It was also presented at a Janssen seminar on education earlier this week.

# Question time

Pharmacists are too scared, and lacking in confidence to face some of the changes proposed by Nuffield, says Pharmaceutical Services Negotiating Committee chairman, David Sharpe.

But failure to relax the laws on supervision would not bring about the demise of pharmacy, he told a "Question Time" session at the YPG Conference. "There is no country in the world where there are no pharmacists, and the UK is the only country to have a "P" medicines list, which is envied by the world." But it distressed him that pharmacists did not have the confidence that they should have in themselves.

Fellow panel member Meir Kattan (secretary BPA (UK) Ltd) believed that relaxation of supervision would be a step back. However, all the panel (including Guild president Bill Brookes, and district pharmaceutical officer David Anderson) were unanimous that a pharmacist should see all prescriptions.

# Surgam claims unjustified?

The medical director of Roussel Laboratories knew that advertising claims for an arthritis drug were unjustified - but did nothing to stop them, the Old Bailey was told this week.

The adverts in the British Medical Journal, stated that the drug was less likely to cause stomach damage than its rivals. But they appeared some time after the company knew that this claim was "untenable", said Mrs Helen Grindrod, prosecuting.

Dr Christopher Good and Roussel Laboratories both deny taking part in the issue of misleading advertisements on five occasions in 1983.

Surgam was launched in the UK in 1982, and original research suggested that it did give better gastric protection. But by the time it was advertised in 1983. Dr Good knew that the claim being made for it was unjustified. Mrs Grindrod, however, made clear there was no question that Surgam was not safe or had had its licence withdrawn

The charges against Dr Good and Roussel Laboratories are brought under the Medicines Act, and its regulations. The trial continues.

# FPS system OK but...

The National Pharmaceutical Association is satisfied with existing FPS complaints procedures, but makes two points in response to new proposals put forward by the Department of Health.

The NPA says a decision must be made on the precise purpose of financial withholdings made as a result of service committee hearings. The DHSS says they should not be regarded as punitive but as an adjustment of remuneration. The NPA believes the committees use withholdings as deterrent fine.

The other basis for fixing the figure is in relation to the harm or inconvenience caused — but the money is not paid to a complainant. The NPA does not believe the DHSS should publish a recommended scale of withholdings, as this would reduce the flexibility of the procedure. "But service committees would be in a better position to judge the size of a withholding if they had firm guidance as to the purpose

of its imposition."

The NPA is also concerned that the pharmacist facing a service committee hearing may also face a Statutory Committee hearing or a prosecution brought by the police or the Society, and possibly a liability claim.

The NPA seeks guidelines aimed at removing this possibility, and recommends the FPC administrator be able to suspend a proposed hearing until any third party has been dealt with. This would prevent prejudice in negotiation of a complainant's compensation claim.

The NPA agrees that the quorum of a serv ice committee should be increased, but opposes any extension of the time limit for making a complaint.

The proposal to permit salaried officers of representative bodies to appear before service committees and to examine witnesses is strongly supported, but the suggestion that FPCs be permitted to decide, rather than recommend what action should be taken is opposed. By having the FPC's recommendation channelled through the DHSS a measure of national uniformity is achieved, says the NPA.

# Free syringe scheme starts

A "trade-in" centre where drug addicts can exchange their used needles and syringes for clean, sterile ones has been set up in Peterborough to combat the spread of AIDS.

Free condoms are being issued through family planning and VD clinics if considered necessary by a doctor.

The aim of issuing new injection kits is not only to help prevent AIDS, hepatitis and septicaemia, but also to bring addicts into medical contact so they can be counselled. There are no plans as yet to issue free condoms or needles through pharmacies, but condom-vending machines are being installed in local clinics and hospitals.

■ The Communicable Disease Surveillance Centre estimates that 550 new cases of AIDS will be diagnosed this year, 1,300 next and 3,000 in 1988, the Secretary for Social Services said in a Commons written answer last week.

By Xrayser

# In the dock

Two registered merchants have been fined at Enniskillen, Northern Ireland, for offences under the Medicines Act 1968.

Thomas Donnelly, Forthill Street, Enniskillen was fined a total of £1,200 in respect of six charges against his company, Farm Health Products. The offences included possession of illegally imported medicinal products and illegal dealings in POM and other medicines not on a general sale list. Costs of £500 were also awarded against Mr Donnelly.

Mr Noble Whittaker of Hillcrest, Leighan, Derrygonnelly was fined a total of £40 on two charges of offering for retail sale a medicinal product which was not on a general sale list.

# Mixture mix-up

A Port Talbot pharmacist who allegedly dispensed a urine sample instead of cough mixture is to be referred to the Statutory Committee.

After consideration of a detailed inspectors' report, the Pharmaceutical Society's Council has decided not to prosecute, but refer the case direct. A Society spokesman was unable to say what action was being taken. The case came to light after a woman drank some of the mixture. Analysis identified it as urine.

# Primrose promise

Ninety two per cent of rheumatoid arthritis patients who took oral evening primrose oil in a clinical trial reported substantial improvements in their health.

Gamma-linolenic acid, an ingredient of evening primrose oil, is a precursor of prostaglandin E<sub>1</sub> — which reduces inflammation.

A double-blind, placebo-controlled study at the Glasgow University Medical School investigated the effects of Efamol evening primrose oil and Efamol Marine, (a mixture of evening primrose oil and fish oil) on 52 patients with RA who were already stabilised on NSAID therapy.

Dr Jill Belch, senior registrar in rheumatology at the Glasgow Infirmary, conducted the trial and presented the results to the British Society for Rheumatology last week.

Efamol Ltd have already applied to the DHSS for a product licence to market Efamol for the treatment of atopic eczema.

# Re-examining preconceptions?

It's a funny thing about medicine, by which I mean liquid oral medicines. When I was an apprentice it was the mode to load the formulae with various syrups raspberry, orange etc — to increase the viscosity and smoothness and swamp the taste buds so that more unpleasant flavours would be masked. Colours, too, in rainbow profusion were lavished on these productions. It pleased the hearts of the creators. I always liked dark brown myself, with sacch ust and alvecyrrhiza providing my masks. But, as the years passed, the realisation that colourings like tartrazine, long believed harmless, were capable of producing a response in some individuals, made me stop using them.

In today's formulations, particularly things like the antibiotics presented in powders for reconstitution, I just can't see the point of adding colour. I find it quite astonishing to learn from the NPA Supplement, that only ten of the myriad mixtures available are without colouring. I think I have already said I make up Mist methadone, sans colour, since it seems ridiculous to even contemplate another risk to this hypersensitive group of users.

# Pharmacy only

We're a dreary lot. I have often wondered why the average pharmacist, when seen en masse, looks so respectable, stolid and reliable, but not exactly ebullient? You can almost feel the pain felt by David Mitchell, OTC sales manager of Janssen, when he said at Pharmacy 2000 seminar, that two years after Immodium had been released to us as a product we could sell without script, sales were far lower than they ought to have been. A survey revealed there was only 2 per cent public awareness of the product! Within four months of launching the product under the "Arret" label there was a 23 per cent recognition. Plainly we're a dead loss, in that we neither support the company which has done more than most to help us, and in not getting off our backsides to recommend and sell products which, perhaps for the first time ever, really do have potency.

Frankly, I didn't believe my good fortune when I realised I could sell loperamide, nor when we were given miconazole as an effective anti-fungal. My sales are good because I introduced the products, knowing they were effective. Every first aid kit I sell has Arret, Dioralyte, a pain reliever and one of the

better antacids as a welcome addition to the usual dressings. When my Janssen rep comes I sit him down, give him tea, pat him/her on the back and say: "Well done. How many dozens for a bonus parcel?" It's the least we can do.

# Clawback impossible?

The Society's Council has asked the Pharmaceutical Services Negotiating Committee and the DHSS to ensure that pharmacists who have not used parallel imports should not be clobbered in any clawback proposed to recover some of the hidden profits made by those who have. And in the same breath, say they cannot compile any list of the goodies, because it might be construed as being in restraint of trade! What a delicious dilemma.

I believe the Rural Pharmacists
Association were compiling a list of names of contractors who were willing to sign an affidavit saying they have not, and will not, use PI's, which might possibly fill the bill, although because of the complexity of assessing individual contractors' degree of involvement, I believe it will be just about impossible in practice to make such a clawback. I regret it.

However, we have to acknowledge that some men and women among us are using imported drugs only where the pack and name are truly identical with the home grown item, while others make commercial decisions based on less admirable criteria and aim to maximise their profits. Thus we end up with three grades of contractors. You tell me how any government can deal with that?

# No VAT

Mr Goulding of NPA should not have to remind any retail pharmacist about the fact that diabetics are entitled to buy their disposable insulin syringes free of VAT. I find it unbelievable any of us should seek to charge it. Yet believe it we must, since the British Diabetic Society has had many letters saying how difficult their members find it to buy them without tax!

So far as I am concerned they are a zero tax category, and labelled with the distinctive price device I use to identify this class of goods, since I analyse sales at till point. May I suggest you go and bang your fists on the counter, roar at your staff, jump up and down in simulated rage at the thought of them having lost you so many sales to some mail order firm, simply because they forgot insulin syringes were VAT free to diabetics...

# A hawk in dove's clothing?

Peter Holman's letter in last week's pharmaceutical Press cannot be allowed to pass without comment. I have made it abundantly clear in the Press, in a letter to all members of the Pharmaceutical Services Negotiating Committee, similar to that published in C&D, November 15, p851 and in Committee, that the present offer is the most blatant devaluation of a negotiated package that pharmacy has experienced for a long time.

At our last meeting the Committee supported a major resolution defining those phase II items and approved a very direct speech to the Minister by the chairman at the annual dinner. This was again concordant with issues set out in my various items of correspondence. The Northern LPC's call to abandon negotiations was a further message that until the DHSS agreed to deliver the key issues in phase II, on which they have procrestinated for two years, further negotiations were meaningless and the

"present" new contract a hollow shell.

PSNC rightly decided neither to accept nor reject the new contract until it saw the complete offer package, including phase II specified items. If the DHSS does not deliver, I am totally opposed to the new contract. Is that clear enough?

In Peter Holman's quaint world of totally black and totally white doves, hawks, hounds and hares, he seems incapable of distinguishing reality from feasibility. He swipes at the Company Chemists' Association and proceeds to recommend a solution based on ideological cant and legal impossibility. The CCA has the right to a view and it, too, has been consistent.

For Peter Holman to mispresent me as a "cooing dove", while transparently ludicrous, is forgivable and presents its own humour to establishment, PSNC and LPCs alike, and reflects badly on him.

To return to my opening remarks, I suggest he examines his own motives and I refer him, for his own sake, to some words of Mark Twain ". . . how can the eye see clearly, when the mind is out of focus". A.M. Tweedie

PSNC representative, Region 1

# Action on AIDS

For many years in my pharmacy we have supplied syringes and needles to drug addicts, insisting, rightly I believe, that the practice of sharing them with others was wrong and unhygienic. To us it seemed incredible that only recently has the Society come round to our point of view.

We were talking the other day about the role of pharmacy in society's fight against AIDS. It arose because a customer complained that she had found some syringes and needles behind a local church, and had asked me if there was a risk that a child picking these up might have cut or punctured itself and even been infected with the AIDS virus. I had to admit to her that there could be a risk.

Even though we have no control over what happens to our needles and syringes once they have left the pharmacy, it behoves us to impress upon all our addicts that to throw away their used equipment is reckless, dangerous and with the spread of AIDS, socially irresponsible. Someone made the point that since many addicts

Continued on p936



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# Sorbsan on sale

Steriseal, part of NI Medical, are launching Sorbsan dressing to the community.

The dressing, which can be used at all stages of wound healing, consists of calcium alginate derived from seaweed (see C&D's dressings feature. March 2. 1985, p442-443) and until now has been used almost exclusively in hospital. From January Steriseal's sales force will be detailing the product to GPs and community nurses.

The product is available in packs of ten  $10 \times 10$ cm dressings with a patient instruction leaflet (£27.37 retail). They are supplied to wholesalers in outers of  $5 \times 10$ dressings.

Sorbsan is not yet approved for reimbursement on NHS prescription but prescription status has been applied for. Steriseal Ltd, N.1. Medical, PO Box 3,



26 Thornhill Road, North Moons Moat, Redditch, Worcs B98 9NL

# Ready steady

Ever Ready are introducing a fifth battery to the Silver Seal zinc chloride range, and new packaging on all three battery ranges.

The RO3S (£0.58) replaces the Blue Seal RO3B. Ever Ready Ltd, Ever Ready House, 93 Burleigh Gardens, Southgate, London N14 5AN.

## **SPECIALITIE** PRESCRIPTION

# Repack for H-B-Vax

Merck Sharp & Dohme Ltd announce a change in packaging of H-B-Vax (hepatitis B vaccine) with patient specific packs. The box, in green livery, now carries a space for the vaccinating doctor to fill in the recipient's name and dates of vaccination. The change allows easier follow-up during the three dose schedule over six months, says the company. Pack inserts carry instructions for injection sites intramuscularly in the deltoid muscle in adults and the anterolateral thigh in infants, and full clinical information. There are no changes to the vaccine itself. Stocks now held can be dispensed, say Merck Sharp & Dohm Ltd, Hertford Road, Hoddeson EN11 9BU.

# Cox add two

Labetalol 100mg, 200mg and 400mg tablets and piroxican 10mg and 20mg capsules are now available from Cox Pharmaceuticals. The labetalol tablets are all orange, circular, biconvex and filmcoated. All have one face plain; the 10mg tablets (100 £6.82) are marked 'COX LL" on the other face, the 200mg (100 £10.80) "COX LM", and the 400mg ( $100\,\pounds17.43$  all prices trade)"COX LN".

The 10mg piroxicam capsules (60 £8.55) are red and white in colour and marked "COX YA". The 20mg capsules (30 £8.55) are also red and white and marked "COX YB". Special introductory offers are available. Cox Pharmaceuticals Ltd, Whiddon Valley, Barnstaple, North Devon EX32.8NS.

Parstelin tablets in securitainers of 50 tablets, marked "special supply", with a six month shelf life, now contain a desiccant. Each pack is marked "Desiccant. Not to be Taken." Smith Kline & French Laboratories Ltd, Welwyn Garden City, Herts AL7 1EY.

Ultrapharm Ltd are introducing a glutenfree flour to their range of Bi-aglut glutenfree foods. It contains no wheat starch, and is designed specifically for coeliacs, says the company. It is also suitable for patients requiring lactose-free, milk-protein free, sucrose-free, and soya-free diets. A 500g pack retails at £1.95. The product will be supported with advertising in the Coeliac Society's magazine. Free recipe sheets are available from *Ultrapharm Ltd, 21 New* Street, Henley-on-Thames, Oxon.

Smith Kline & French are introducing a calendar pack of Dyazide, available from December 1. The 30 tablet pack (£1.95 trade) comprises two foil strips of 15, and will replace the 100 securitainer from November 30. Smith Kline & French Laboratories Ltd, Welwyn Garden City,

Tamoxifen tablets 40mg, in blister packs of 30, (£21.90 trade) are now available through local AAH wholesale branches and Pharmagen Ltd, say Hillcross Pharmaceuticals Ltd (member of AAH Pharmaceutical Division), Primrose Mill, Harrison Street, Briercliffe, Burnley.

# Hypoguard GA

Hypoguard have introduced the GA Blood Glucose test system which gives a reading in 90 seconds, says the company.

The GA strip (range 0-22 mmols), which is designed for capillary blood samples, can be read visually or on a GA meter. It requires 30 seconds exposure to the sample, and 60 seconds for colour development, and has an extremely accurate definition in the lower levels of glucose, say Hypoguard. The strip (£10, 50s) has a usage period of three months after the airtight sachet is broken, and there is no significant batch variation.

The Hypocount GA meter (£85) (range 0-22 mmols) runs on a dry battery (UCAR 539). It will provide 1000 tests a year, and has a memory recall for 10 tests and provides an average of all tests with a selective memory to allow key results to be analysed. Hypoguard (UK) Ltd, Dock Lane, Melton, Woodbridge, Suffolk.

Simpkins are relaunching Holex diabetic chocolates in new wrapping now written in English. The chocolates are sweetened with fructose, and formulations now conform to latest British regulations. A.L. Simpkin & Co Ltd, Hunter Road, Sheffield.

# ON TV **NEXT WEEK**



GTV Grampian LWT London Weekend TTV Thames Television Bt TV-am

Bt

All areas, C4, Bt

Actifed linctus/expectorant: All areas except Ulster

GTV,STV Askit powders: Beecham hot lemon/blackcurrant: All areas Beechams powder capsules: All areas

Benylin day & night: Benylin expectorant/paediatric: All areas, C4 Complan: All areas C,TTV,C4 Hills Balsam: Jerome Russell products: All areas, Bt

All areas Karvol: Lipcote: All areas Listerine: All areas Mentholyptus: All areas Nurofen:

All areas Oxy: Peaudouce babyslips: All areas Polaroid Image System cameras

Robitussin cough medicines: All areas All areas, C4, Bt Sanatogen vitamins: Simplicity: All areas, C4 All areas Sinutab:

All areas Strepsils: All areas Vantage: Yardley Chique, Lace, White Satin.

Chemist & Druggist 29 November 1986

Pure Silk and Gold:



# WE'VE MADE A TREATMENT FOR CYSTITIS MORE ATTRACTIVE TO WOMEN.

New Cystemme is an O.T.C. treatment that offers cystitis sufferers exactly what they're looking for Fast relief from painful symptoms. But it goes beyond that

Because Cystemme comes in a form that women have told us they prefer.

A sparkling, pleasantly flavoured drink.

And now, more and more women will be recognising Cystemme in its distinctly feminine pack.

Thanks to a major full colour advertising campaign in their most popular magazines. First burst: December to April.

So, we know you'll find new Cystemme an attractive proposition too.



sparkling lemon flavour 48 hour course

# COUNTERPOINTS



# Unichem's game set and match?

"Monthly money maker" is the name of the calendar game pharmacists and their staff can play in 1987 to get at £350,000 worth of prizes.

This is the fifth year Unichem have promoted their sales through incentive schemes but this time they claim the three top prizes of £20,000 are the largest ever offered by a pharmaceutical wholesaler. Marketing director Bill Hart says by October '86 "Passport to riches" had raised promotional sales by 30 per cent: "I will be extremely disappointed if we don't approach this figure again."

Game cards are issued every time £10 of promotional goods are purchased and relate to a large calendar game board (23 by 16in) which Unichem hope will be displayed in-shop, and keep assistants interested in the monthly promotions.

There are four elements to the competition including completion of a calendar picture offering eight monthly prizes of £500 each, and collection of different combinations of dates giving 1,300 prizes of between £5 and £1,000.

For pharmacy staff, there will be 3,800 prizes of between £5 and £250. To win, they must peel off a further section of the game cards and match up numbers.

The top prizes — £20,000 each — will be awarded to the three Unichem members who complete the game board's jigsaw picture of products. *Unichem Ltd, Unichem House, Cox Lane, Chessington, Surrey.* 

# Numark news

Numark Profitlines, in-store during December, will be advertised in *The Sun, TV Times, Sunday Post, Bradford Telegraph & Argus,* and on Ulster TV during the first two weeks of the month.

They are: Bic disposable razors, cosifits, Dr Whites, Impulse body spray, Lil-lets, Robinsons babyfoods, infant and junior cereals, Soft & Pure cotton wool, antiperspirant aerosol and solid, banded pack Timotei shampoo/conditioner.

Family Care lines on promotion

926

include: Anadin, Andrews health salts, Benylin expectorant, fortified and paediatric, Bisodol powder and tablets, Cream E45, Eno, Feminax, Labello, Mucron, Optrex lotion, drops, Eye Dew and Clearine, Resolve, Sinutab, Solpadeine and Strepsils.

Choice Buy Lines include: Alberto Balsam conditioner and shampoo, Atrixo hand cream and lotion, Cow & Gate babymeals, Elastoplast precut plasters and dressing strip, Elnett, Eucryl toothpowder and toothcream, Handy Andies, Harmony hairspray, Hermesetas sweetener and sprinkle sweet, Libra panty liners, Nivea talc, Palmolive shaving creams and sticks, Silvikrin shaders and toners, Wella Colour Confidence and Oral-B toothbrushes. Numark, 51 Boreham Road, Warminster, Wilts BA12 9JU.

# Ear, ear!

Duracell UK are running an on-pack promotion based on the MP675, SP675 and RM13H hearing aid cells.

Consumers will be able to buy a six cell dial pack for the price of five. The promotion will run until the New Year. Duracell (UK) Ltd, Duracell House, Church Road, Lowfield Heath, Crawley, W. Sussex RH11 0PQ.

Duracell are recalling all Durabeam cyclelights due to a weakness in the fixing brackets.

Jerome Russell products are now distributed by Delachem Ltd, subsidiary of De Witt & Co Ltd, Seymour Road, London E10 7LX.

# Listen lovey, get Lifestyles'

Warner-Lambert Health Care are producing 20,000 sample packs of Lifestyles Nuda contraceptive sheaths to give away in a Woman's Own readers offer.

The promotion features in this week's issue of Woman's Own, in conjunction with a four-page report by Claire Rayner advocating the use of barrier methods of contraception to guard against sexually transmitted diseases. Free information leaflets about Lifestyles will be given with the samples, say Warner-Lambert Health Care, Southampton Road, Eastleigh, Hants SO5 5RY.

# Festive film

Agfa are offering retailers a package of 200 mixed 24 exposure Agfacolor XRi print film with a free "film festival" bin, for £200 trade. Agfa-Gevaert Ltd, 27 Great West Road, Brentford, Middlesex.

**Pharmagen** are no longer distributing Holloway Products. E.R. Holloway, Lavenham, Sudbury, Suffolk.



The following column lists advertisements for chemist merchandise appearing in the IPC women's Press during December. The magazines are divided into weeklies (W), monthlies (M), and teenagers (Y).

Abbott Cystemme W
Ashe Vitapointe W
Beechams Fenjal W
Braun electricals W
British Tissues Kitten Soft
Dixcel W
Chemist Brokers TCP
Chesebrough Ponds Mirair W

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# COUNTERPOINTS



# Maws think pink...and blue

Maws have re-engineered the components of their bottle feeding system and are relaunching the range in new packaging.

The new packs use the traditional baby colours of pink and blue, with watercolour illustrations combined with new graphics. Products are branded with the copy line "First for Feeding".

Components have been redesigned in

complementary colours. Bottles have pastel blue caps, pink discs and covers while the lid and sinker of the sterilising and feeding set and the trainer cup have changed to cream. All components have been re-engineered and the range features slimline caps, discs and covers, while new feeding bottle threads offer mothers compatibility with ready to drink juices. Sizes of polycarbonate bottles have changed from 120ml and 240ml and 240ml and 125ml and 250ml respectively.

The re-launched range will be supported in 1987 by over £500,000 of advertising. This will include full page colour advertisements in specialist baby Press and leading women's publications. The range will also be backed by promotional activity. Ashe Consumer Products Ltd, Ashetree Works, Kingston Road, Leatherhead, Surrey KT22 TJZ.

Optrex are supporting their eye lotion and drops with a post-Christmas £400,000 television advertising campaign.

The 20-second commercial will run nationally for a month, and aims to encourage year-round usage, say Optrex Ltd, PO Box 94, Nottingham NG2 3AA.

# CHRISTMAS CLOSINGS

The Wellcome Foundation Ltd: from noon on Wednesday, December 24 through to Monday, January 5.

Fisons plc — Pharmaceutical division: from Wednesday, December 24 through to Monday, January 5. An emergency service is available on 0509-263113. Orders for delivery before Christmas must be received by December 8.

Hoechst UK Ltd — Pharmaceutical Division: from noon on Wednesday, December 24 through to Monday, January 5. Orders for delivery before Christmas must be received by December 17.

May & Baker Ltd: from noon on Wednesday, December 24 through to Monday, January 5. Emergency medical inquiries will be handled by telephone on 01-592 3060. Orders for delivery outside Greater London before Christmas must be received by December 4.

# Photographic products to boost your sales this Christmas!

# Fuji Twin Pack – Super HR 100

 $(2-135 \times 24 \text{ films}).$ 

Plus the full range of Fuji film.

Film so advanced it's intelligent. With brilliant and faithful colour,

consistent graduation, superb texture and stable quality.

# Keystone camera range

35mm, disc and pocket cameras, all with built-in electronic flash.

Le Clic - fashion disc and 110 cameras.

Keystone cameras bave become world-famous for advanced technology, innovative product design and strict control over quality.

## **Flash Products**

Magicubes, Flashcubes, Flip Flash and Flash Bars.

Remember Christmas is the peak selling season for Flash products!

## **Duracell batteries**

Alkaline batteries for Christmas.

# David Anthony Pharmaceuticals Ltd



Edwards Lane, Speke, Liverpool L24 9GH. Tel 051-486 7117. Telex 629846 Hermes G

HIGHER MARGINS · FASTER TURNOVER · BETTER SERVICE

# POINTS OF LAW

# Do you pay laid-off staff?

If a business becomes slack for a considerable period of time, it might have to consider, as a last resort, laying off staff. The intention would be to take the staff on again as soon as the climate improves. But can you do this without making payment to the person you are laying off?

It is clear that you can do so with the agreement of the person concerned or by writing the right to lay-off without pay into that person's contract of employment. Where there is no agreement things are more complex. With white collar employees or with managerial staff, there would normally be no right to lay-off without pay and with other staff — manual staff, shop assistants, etc, much would depend on the "custom of the trade" and much can depend on the line of business in which the firm is engaged. It must be clear that there is a custom and that the custom of laying-off is reasonable. If no such circumstances exist then the employee can claim that being laid off in fact turns into a dismissal and he or she could then claim, if other conditions are



satisfied, unfair dismissal compensation. This, of course, is if the employer does not pay the individual during the lay-off.

Even then, if an employee has worked for you for four weeks or more, he or she is entitled to a guaranteed payment for five days in any three months. This does not apply if the individual is taken on for a fixed term of 12 weeks or less. It means, for example, that if a person is taken on for six or eight weeks to help out over a holiday period and things do not turn out as expected, that person can be laid off without a guaranteed payment.

The safest course is to try to reach agreement with the employee concerned to avoid a lot of difficulty.

# Lending a helping hand

Whatever your business, there may be times when you need a loan to tide you over a difficult period. It could be to pay a tax bill, or to stock up when you know you'll need to pay for seasonal items. Although it sometimes seems as if the sources of money are throwing cash at people, it's almost a law of nature that when you want money, the money is tight and there'll be a pursing of lips at the amount you want to borrow.

But if you only need money for fairly short time, there is usually no difficulty—especially if you have a record of repayments of amounts borrowed in the time stipulated.

What you have to watch is the rate of interest that you will be paying, and the way that interest is calculated. Three or four per cent difference between one type of loan or another could cost your business quite a sum of money.

What you want to know if you go to a source other than your bank is the 'APR' (annual percentage rate) being charged on the loan. For example, if you have borrowed £2,000 over a year at what is quoted to you at a rate of 15 per cent, and you agree to pay off the loan on a regular basis, your actual interest could be 20 per cent or more. The reason is that you will be paying the 15 per cent for a whole year on the full amount borrowed, even though during the year you will have paid off some of the capital outstanding. The true rate of interest is a lot more than originally quoted to you.

The best course is to go to your bank and ask for overdraft facilities for the amounts you are likely to require in the reasonably near future. On an overdraft basis, you pay the interest only on a reducing balance, so that as you pay off some of the capital sum, the amount of interest falls accordingly. This is probably by far the cheapest way of borrowing these days — although, depending on your personal standing with your bank, you might have to pay three to five per cent above the bank base rate.

If you have been a longstanding customer with your bank do not hesitate in trying to shave off ½-1 per cent on the amount quoted to you. Remember that banks rely on having people who borrow from them to show a profitable return. If there is a great deal of competition in farming out money to borrowers, there's no reason why you should not have the benefit, by bargaining with your bank manager.

# Changing tune?

If you employ people, you might sometimes want to change their working conditions. It may be a minor change — such as starting lunch breaks quarter of an hour later each day. Or you may want to change working hours — which may affect the employee's pay.

How far can you go? And what happens if the employee refuses to accept your changes?

Unfortunately, the law is complicated on this topic. But it is possible to suggest the steps that should be followed.

If the employee's terms of employment, agreed when he or she started with you, allow for changes to be made on a decision of the employer then you can just go ahead. For example, it might be said at the outset that the hours of the employee shall be 10am until 6pm, "or such period of eight hours per day as the employer may decide." Then, if the employee is asked to work from 9pm until 5pm, he or she has no comeback.

But in many cases no such flexibility is written in. It will then be necessary to get the agreement of the employee to any changes. And it is when an employee refuses that difficulties can occur.

You might say that the employee who disagrees, will be dismissed. Then you

could be faced with an Industrial Tribunal claim for compensation for unfair dismissal. Now, if there is a good reason for the changes proposed, in the interest of the efficiency of the business, a Tribunal is likely to uphold the dismissal as being fair. But it will expect certain steps to have been taken by you. It will want to ensure that before trying to introduce the change you consulted your employee, and explained your reasons. You will also be expected to give the employee a reasonable time to consider the position. It is no good saying on a Friday morning, "From Monday, I want you to work two evenings a week" — and expecting a reply by Friday afternoon. The Tribunal will also ask if the employee's personal circumstances have been affected, and whether you have considered steps to exempt the employee from general changes, or considered alternatives that might fit in with that personal situation. For example, the employee may be looking after a disabled relative and a change in hours could cause difficulties. The Tribunal will ask whether this was considered if drawn to your attention.

Apart from the most trivial of changes, you should proceed very carefully before you impose any alteration to an employee's conditions. A failure to take these into account could land you with a heavy bill.





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# Do not lose sight of traditional role

A clear warning to pharmacists not to submerge their traditional role under a whole range of new activities was given by the Minister responsible for Health matters on the opening day of this year's annual Apothekertag '86 conference in Dusseldorf.

Neither the Minister, nor, she maintained, any of the leaders of the profession, wanted to see the pharmacy of the future as a corner drugstore. Utilise your unique expertise to concentrate on the need to inform and advise the public on drugs, she urged, rather than delve into environmental health protection or other areas where you would soon become overburdened.

While her words might have been welcomed by the platform, they may well

have received a cooler response from the 40 per cent of pharmacies that are currently in the red and trying to create new activities in order to survive.

Several new ideas such as watertesting, selling aids for the handicapped (even wheelchairs), becoming more involved in health education and sports medicine, were raised in a session devoted to the spectrum of services offered by a pharmacy but such notions did not meet with general approval. Reservations were also expressed about the idea of a "drug passport" in which pharmacists would record details of all drugs, prescribed and non-prescribed, a patient was taking. Although the wish to increase drug safety was applauded, the practical difficulties of such a scheme were emphasised. Nevertheless, ABDA is planning to try out the idea in four cities in 1987.

allowed for attendance within a specified short period of five to 15 minutes. This would at least prevent those pharmacists not living above the shop from having to camp out in the dispensary and would bring pharmacists into line with their medical colleagues.



# Rota grumbles

The hopes of many pharmacists for a liberalisation of the rules concerning emergency duties were dashed when the revised draft of the new Pharmacy Regulations appeared, showing that their attendance throughout the duty period will still be obligatory.

For some rural pharmacists, emergency rota duties crop up almost every other week and the need for a 24 hour, seven days a week service is frequently guestioned.

One pharmacist whose pharmacy served a population of 30,000 reported an anaylsis of 258 rota periods in the last eight years. Between midnight and 8 am, he had 114 customers. Sixteen wanted flu remedies, 17 analgesics (often for nightclubbers who sent taxi drivers out for them), 17 toothache relievers, three eye preparations, three antiasthma products, two antiemetics, one a paediatric antipyretic and one an hypnotic. Of 31 prescriptions dispensed, ten had been written well outside the rota hours and none of the others involved a dire emergency (for which doctors carry drug supplies). The remaining customers wanted sundries and four times the caller was a hoaver

It is felt that many of these trivial calls could be avoided if the regulations



# Price list agreed

Agreement has at last been reached between the health insurance schemes and doctors on a price comparison list which aims to encourage cheaper and more effective prescribing.

Much to the chagrin of pharmacists, they were not included in the deliberations, which will result in the publication at the end of 1986 of a list initially covering analgesics, antidiabetics, antihypertensives, heart drugs, those used for cerebral vascular insufficiency, sedatives and hypnotics. Drugs for these indications have been divided into three classes: A are those generally approved for the indication, B are regarded as only suitable in exceptional cases and C are those (mostly combination preparations) considered unnecessary, of unproven efficacy or with problematical side effects.

Predictably the establishment of the list has been heavily criticised at all stages by the equivalent of the Association of the British Pharmaceutical Industry and the possibility of court cases cannot be excluded. A spokesman has denied that the list represents either a positive or a negative list and the exact legal standing of the list remains to be seen. Doctors not adhering to its recommendations will be required to say why.



# ABDA data bank

Just in time for this year's
Pharmaceutical Conference, ABDA
at last unveiled its version of a
teletext information service for
pharmacists.

The project was started in 1983 and in the following year a controversial decision was taken to use the communications system (Btx) marketed by the country's Post Office to provide an impartial, independent on-line data bank.

So far the project has cost ABDA nearly £1.5m. The cost to a pharmacist who already has a Btx device (priced between £625 and £3,500) will only be about £8 per month. Then there is £3.50 for the modem fee and charges for the telephone calls — although these are paid at the local rate.

However, those who want to use their own personal computers with the system will face much higher costs — a connection fee of £600 and then £25 per month and will initially, at least, not be able to use the system to the full.

Up to now, only 300 pharmacists have decided to participate, although ten to 15 are joining each week and ABDA hope that by the end of the year, some 500 will be using this service which will soon contain information on 20,000 German products, 55,000 foreign monopreparations, their indications and interactions. In addition, the data bank will hold current details of product recalls, licence revocations, etc.

Many pharmacists nevertheless regard the ABDA venture as a waste of money as there are already several other similar services, some run by wholesalers. Furthermore, the success of the Btx system as a whole has been far below expectations, with only 80,000 listed users of the predicted 600,000 and there are doubts as to the willingness of the Post Office to continue with the scheme.

Thes reports come from a correspondent with acknowledgements to the German pharmaceutical Press: Deutsche Apotheker Zeitung and Pharmazeutische Zeitung.



# Sales of the new BD Digital Thermometer are looking very healthy indeed.

Following the rapid marketing success of B-D PLASTIPAK\* and B-D LO-DOSE\* insulin syringes, sales of the recently launched B-D Digital Thermometer have also taken off in a big way. And, with the usual winter increase in colds and flu, sales are going to be even higher. Which means extra profit for you.

The new B-D Digital Thermometer is still being heavily supported with a national press campaign and on TVS.

Cash in on our biggest campaign ever. Send off the coupon today for a free eye-catching counter display card.



# PET MEDICINES

Man's best friend is his dog. So goes the old saying, and five million households can't be wrong. But there are some things your best friend won't tell you. Like when he has worms. Pet medicines are a well-established but often neglected item on pharmacy shelves. How many pharmacies keep them on a bottom shelf, or dumped together in a basket or drawer, out of harm's way, but also out of the public eye? And how many pharmacists think to ask about the family pets when dispensing a script for an anthelminthic? Pet medicines, it seems, could be yet another of those opportunities for chemists, which are not being fully exploited.

# IT THE PETS?

ncreasing interest in general health is having a knock-on effect in interest about the health of pets, aided by the greater availability of information from groups like the Pet Health Council. Yet pets remain a vast potential market. The Pet Food Manufacturers Association estimates that 25 per cent of all households own a dog and 20 per cent a cat. The Pet Health Council recommends twice yearly worming for cats and dogs, so with 12 million animals, the potential is clear. Add to that flea sprays, collars, and whole ranges of vitamin tablets for pets, and it may cause you to wonder if you are doing enough for your customers. Veterinary surgeons have, for many years, shied away from keeping stocks of such 'minor" OTC remedies, but this year

Glaxovet have produced, for the vet, a range of products to be sold "OTC".

Hand in hand with the greater interest in pet health are improvements in the products themselves. Beecham Animal Health, manufacturers of the Canovel range for dogs, say that pet products have often been unappealing and old-fashioned, especially when set among the colourful and sophisticated toiletry and family medicine packs. "Many pet products have seen little improvement for some years, but there are now indications that this is changing; pet health products are improving in line with pet owners' needs," the company says. 'Manufacturers are responding by improving existing products and introducing new lines, with better pack designs more able to compete for attention; offering high quality for pets as well as people, and worthwhile margins for the chemist.

Steven Ward, product manager at Ashe Consumer Products for the Sherleys range, says pharmacists are at something of a disadvantage. "People don't expect to find pet health products in a chemist, so if you are going to stock them they have got to be promoted," he says.

OTC pet medicines fall into two basic groups — insecticides for the control of fleas and ticks, and anthelminthics for worming. Information on the size of the market is limited, but Ashe say sales of medicines, insecticides and shampoo's totalled £20m in 1983.

Steven Ward says that insecticides is the biggest area for Sherleys, accounting for 40 per cent of turnover. But the market, like that of household insecticides, is seasonal. "If it is a good Summer, then we do well."

"There is a slow turnover in new products," Mr Ward says. "New developments only become available OTC after years established prescription usage."

However, companies are striving to improve the efficiency and pet and owner appeal of their products. Flea collars are now offering up to four months protection at a time, and come in a variety of colours and designs. Armitage have recently introduced a new felt flea collar, containing carbaryl, for cats. Available in red or blue, with a bell, more colours will be introduced next year. Beecham Animal Health say their Canovel





Beecham's Canovel, a full range for the dog

Doublecare collar kills fleas while conditioning the coat.

Beecham have also recently introduced two new insecticidal sprays which they claim offer some unique features. The Canovel pet bedding and household spray combines an insecticide with methoprene, a growth regulator, which prevents the development of flea larvae into adults. The methoprene also has a residual action, lasting up to four months, which Beecham say helps prevent reinfestation. And Canovel insecticidal spray works quietly to avoid frightening the animal, produces no unpleasant gases and has no harmful effect on the environment, the company says.

Sergeant's Rug Patrol, an insecticidal carpet freshener, was launched by A.H. Robins in 1985. One pack is sufficient to treat 150 sq ft of carpet, and the product breaks the breeding cycle of many household pests, the company says.

September this year saw the launch of Cupal's Secto Flea Free. Cupal say Flea Free, when sprinkled on carpets, kills eggs as well as the fleas themselves, leaving a fresh aroma when hoovered up. Ceva's Acclaim also contains methoprene and is marketed to treat the household rather than the pets.

The market for worming products is growing year on year, says Ashe's Steven Ward. In this area, old established treatments like piperazine citrate and

thiabendazole are still the favourites, but, again, a variety of formulations make the choice for the consumer a difficult one. Dichlorvos preparations are even more effective, but cost rather more and require more care in administration. Tablets can cause a problem if not administered correctly, and "palatable" wormers have been developed to try to overcome this problem.

For the more adventurous, manufacturers like Bob Martin and Sherleys produce a full range of other treatments, for constipation, canker, diarrhoea and so on.

There is little consumer advertising of pet health products. "Sherleys are one of the few companies to do any marketing to consumers," says Steven Ward. "Our aim is to try to establish OTC pet products as a safe and effective treatment, avoiding the need to go to a vet." The company have run advertisements in the women's Press this year, and an on-pack promotion offered money off the first year of a pet insurance scheme in return for proofs of purchase. The advertising budget and emphasis for next year has yet to be decided.

Mr Ward says that the Ashe Consumer sale force has been ideally placed to service Sherleys for the pharmacy trade. "We have perhaps spearheaded the development of pet lines in chemists over the last few years, and we are now seeing a lot of chemists stocking a full range of pet products."

# Major problems: worms

Regular worming is advised because there may be no obvious symptoms, especially in adult pets. In young animals they may cause vomiting and diarrhoea. The Pet Health Council says that research indicates an 11-13 per cent roundworm infection level in adult dogs.

Roundworm and tapeworm infestation can occur, and, with eggs shed in faeces, larval stages can develop from ingested eggs in man, who is not a natural host. In the case of dog roundworm (Toxocara canis) and cat roundworm (Toxocara mystax) such larvae migrate through the tissues giving rise to visceral larva migrans, which can be

particularly dangerous if the larvae enter the brain, where they may give rise to epileptiform convulsions or cause blindness. Indeed, a number of cases of blindness in children have arisen from visceral larva migrans from pets.

Cross infestion is rare — around 120 new cases per year — but young children should not be allowed to handle young puppies and kittens, especially pets that are not house trained. Adult pets should be wormed twice a year, younger animals more frequently. As tapeworms can be spread by fleas, it is a good idea to ensure the cat or dog is flea-free at the same time.

# Major problems: fleas

A pet with fleas is a little more obvious than one with worms. Investigation of an animal that suddenly takes to scratching and biting, particularly along the spine just in front of the tail, should reveal the dark brown jumping pest. Small dark specs are flea droppings, pimples or scabs are other signs of infestation.

There are numerous powders, sprays and baths on the market, containing well established insecticides such as derris malathion or permethrin, through to newer insect growth regulators like methoprene, which have a residual effect preventing the flea larvae developing into adults, thus breaking the life cycle.

It is important to tell customers that favourite bedding places, baskets, chairs and areas under radiators are also likely to be infested, and should be treated with a dusting powder, and vacuumed after a few hours. A wide range of collars from all the major manufacturers give protection from re-infestation for three to four months.



Launched this year, Secto's Flea Free

# PET MEDICINES

Leaflets, posters, films and the public

ducating the public about the health of Britain's 6.3 million dogs, 6.1 million cats, 1.8 million budgerigars and so on, is the responsibility of the Pet Health Council which takes as its slogan "Because pets can't talk . . ."

The three original members of the PHC — the Association of the British Pharmaceutical Industry, the British Veterinary Association and the Pet Food Manufacturers Association — were joined a year ago by the Pharmaceutical Society. Formed in 1979, the PHC exists to promote the health and welfare of pet animals in the interests of both pet and human health.

One of the main roles of the PHC is the publication of educational material, both leaflets, posters and films. Public service films on "Collars and leads" and "Vaccination and worming" have been widely shown on television since 1984.

But this year, in April, saw the first national campaign to promote the regular worming of dogs. The campaign included the production of two further film clips, on toilet training and worming, and leaflets and posters about the importance of regular worming were widely distributed through pharmacies, pet shops and vets. The Pet Health Council say that the campaign is a continuing one, and all leaflets are still available, though a small charge is made for bulk orders. Plans for particular emphasis next year will be discussed at the PHC's annual meeting next month.

This year has also seen the establishment of a medical/veterinary advisory panel, chaired by vet James Allcock. The Pet Health Council can be contacted at 4th floor, Walter House, 418-422 Strand, London WC2R. (Tel 01-836 2843).



Leaflets are a major part of the Pet Health Council's output. Left, a still from PHC's latest public service film

10 Points on Choosing a Pet





## **Canine canines**

With the trend towards better health, let's not forget that every dog must look its best too. The United States have been way ahead of the UK in dog toiletries for many years, but the Peter Kertesz Dental Surgery is now exclusively importing America's leading toothpaste for dogs, DVM.

The manufacturers say that a dog's teeth should be brushed two or three times a week using a soft toothbrush; DVM's liver flavour is said to aid compliance. DMV costs £5.95 for a 5oz tube. Peter Kersatz Dental Surgery, 29A Brook Street, London W1Y 1A1

# Denes take pet health back to nature

Pharmacists benefitting from the boom in healthy eating, "natural" foods and alternative medicine, might like to hear that our four-legged friends have not been left behind.

Denes Veterinary Herbal Products produce a whole range of "healthy pet foods" and herbal remedies. The company was founded in 1951 by vet Buster Lloyd-Jones, following his observations of animals instinctively treating themselves — pigeons eating elderberries to store iron for the Winter, cats eating couch grass to make themselves sick, a dog with worms eating wild garlic. In the '30s Mr Lloyd-Jones developed a natural rearing diet for dogs and cats, which involves the feeding of raw meat once a day, with a one day fast each week to mimic life in the wild.

Denes produce a full range of herbal remedies together with a number of specialist pet foods. The Buster Lloyd-Jones method, together with full details of special diets and all the herbal remedies for many household pets are contained in an attractively illustrated book "Natural Pet Care". Copies can be obtained from Denes at 14 Goldstone Street, Hove, East Sussex, price \$1.05



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Continued from p923

inject themselves in public places, some after obtaining their supply, there just are not sufficient litter bins or waste receptacles available, nor were there any security containers that they could use like an elongated tablet container with a security top. These could probably be produced fairly cheaply. Indeed, if we are going to supply free condoms to those who need them as the Society has suggested, I can agree with the argument for supplying free needles and syringes as well. Whatever we may think about the moral or financial wisdom of doing so, it would be cheaper than treating and keeping heaven knows how many unfortunates with AIDS.

But all is not gloom and doom as far as AIDS is concerned; every cloud has a silver lining, as they say, and one connected with AIDS is that it will make millions of people worldwide stop and think about health, hygiene, morality and social responsibility in a way that they have never done before.

David Morgan Guildford, Surrey

# Onus is now on LPCs

I read with amazement Keith Watson's letter (C&D, November 22, p905) and began to wonder where he was when the new contract was debated at the LPC conference of 1985.

Did he not hear North East London's representatives implore Conference to tread warily, but instead found themselves shouted down by petulant contractors eager to vote on the matter, seeing the new contract as the Messiah.

We insisted that if we were to accept the "package" then there must be a negotiated mechanism within it for those contractors who, through no fault of their own, found themselves leapfrogged before the period of compensation was out of time. As to the cut-off period, I think that at the time much thinking needed to be done on mechanisms that were not illegal by nature.

As to the City of East London resolution, I am amazed that my friends on this Committee have taken such a rash decision. Is the NHS Amendment Bill so different from the original package? I feel that with the obvious exception of the loss of voting rights, the warty package hasn't really changed at all.

Can we really expect Government who, let us be fair, are acting in the public interest, allow a Committee to consist of pharmacists who by definition will have an interest in any new contractor opening in their area.

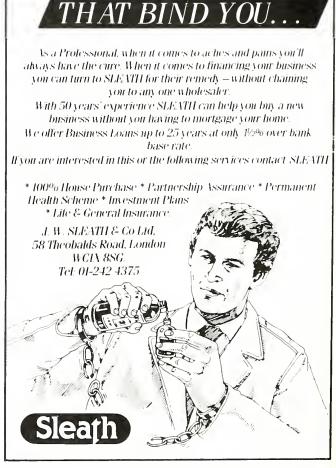
The onus is on LPC's to put up coherent, logical and well-reasoned arguements to convince lay members of the PPSC that there may be no necessity for a new contractor, because the present encumbents are offering an excellent professional pharmaceutical service, from clean and well run premises.

That, I believe, is the way forward for pharmacy as a profession to be respected in the community.

David Allen Chigwell, Essex

BREAK THE CHAINS





# Prostaglandin analogues – a step forward for ulcers?



evelopments in anti-ulcer drugs continue and much attention has been devoted to prostaglandin analogues, two of which — misoprostol and enprostil — may soon be marketed.

They are believed to act by inhibiting acid secretion and enhancing natural defence mechanisms, but a recent review of the clinical evidence available has concluded that these agents are not living up to their initial promise.

Although effective in healing gastric and duodenal ulcers, prostaglandin analogues are not superior to cimetidine or ranitidine. Diarrhoea appears to be a problem with all except **trimoprostil**, and pain relief is significantly worse than with the H<sub>2</sub> antagonists.

There are several reasons why the new drugs are failing to match up to expectations. There is little evidence that peptic ulcers are caused by an underlying defect in prostaglandin production and, although these agents have been shown to be cytoprotective in animals, it is not clear whether they exert this effect in man — other than by inhibiting acid secretion — or that this effect is important in healing ulcers.

The potential role of prostaglandins in a

highly competitive market sector may therefore require re-evaulation. Just such an exercise has concluded that **tripotassium dicitratobismuthate** (De-NoI) may be the drug of choice for healing ulcers rather than an H<sub>2</sub> antagonist.

By combining the results of six clinical trials, the authors conclude that 85 per cent of patients given cimetidine or ranitidine relapse within a year, compared with 59 per cent given De-Nol. Although the statistical

validity of combining the results of different trials is dubious, this finding may indicate a need for re-evaluation of the older treatment.

The possible reasons for the difference are not clear, but may be related to rebound secretion of acid after withdrawal of  $\rm H_2$  antagonists but not with De-Nol, or to an anti-infective action of De-Nol against Campylobacter pyloridis, an organism implicated in peptic ulceration.

# Zinc and anorexia

Since the publication of a report of dramatic improvement in anorexia nervosa after zinc supplementation, there has been interest in the physiological role of this trace element, and it has been proposed that anorexia may be due to zinc deficiency. There has, however, been little systematic investigation and recent evidence suggests zinc is not the cure that has been claimed.

Estimation of the true body zinc state is difficult, but the content of some white blood cells has been shown to provide a realistic guide. Using this measure, the average

body zinc state in 14 women with only 70 per cent ideal weight was found to be similar to that of healthy controls, and only three women were found to have low zinc levels.

Zinc supplementation in the absence of zinc deficiency may be harmful, possibly affecting immunity and causing copper deficiency and anaemia. The use of zinc supplements should therefore be avoided without good evidence of potential benefit. The claim — based on isolated reports — that zinc deficiency is important in eating disorders now appears unfounded.

# Insulin pumps and pregnancy

Diabetes increases the risk of complications in pregnancy, including an increased incidence of congenital malformations, perinatal mortality and neonatal morbidity. This has been attributed to variability in blood glucose control and consequent foetal hyperinsulinism and hypoxia. New evidence from Italy has confirmed the importance of good blood glucose control during pregnancy, even in women who are not clinically diabetic.

Some 249 women were divided into three groups according to their response to a glucose tolerance test. Although these responses fell within the accepted range for non-diabetic women, poorer glucose tolerance was associated with an increasing risk of maternal complications (toxaemia or caesarian section) and abnormally large babies (macrosomia). The risk of congenital malformations also appeared to increase, but there were few cases, and the risk was possibly due to obesity.

This study shows that even small changes in blood glucose control may be important during pregnancy, and may indicate the need to redefine the limits of "gestational" diabetes. This emphasises the importance of ensuring normoglycaemia in diabetic women during pregnancy; it has been proposed that insulin pumps might achieve this

Insulin pumps are motor-driven syringes that deliver insulin via a subcutaneous

catheter. Insulin may therefore be given at a "basal" level with bolus doses at meals. In poorly-controlled diabetics, these devices improve blood glucose control even without an alteration in dose, but in many cases the insulin requirement is decreased.

Despite this flexibility, clinical comparisons of insulin pumps with intensive conventional treatment have shown no difference in blood glucose control or in the outcome of pregnancy. Meticulous care in monitoring blood glucose, and frequent adjustment of dose, are necessary with both regimes, so the potentially greater convenience of the pump is less important for these patients even though frequent injections are avoided.

# Coffee and alcohol: more bad news?

wo drugs in common social use have again been linked with major adverse effects — in men, at least — in two recent studies. Heavy alcohol use may increase the risk of stroke, and more than five cups of coffee a day may be associated with coronary heart disease.

Doctors in Birmingham examined the alcohol consumption of 230 patients admitted with stroke over an 18 month period, and compared it with that of patients admitted for surgery matched for age, sex and race. They found that, in men with a low alcohol intake — one to nine shorts or half pints of beer per week — the risk of stroke was half that of controls. In men who consumed up to 29 drinks per week there was no increase in risk, but in 41 men who drank more than this the risk was increased four-fold. Too few women were considered to allow meaningful conclusions to be made about the risks for them.

Heavy alcohol intake may cause stroke through effects on blood cells, blood pressure, or cerebral blood flow — in rats, for example, the equivalent of moderate drinking directly constricts cortical blood vessels. However, the mechanism of its possible protective effect at lower doses is unclear.

In the United States, the coffee consumption of a group of 1,130 male medical students has been monitored for up to 35 years. After allowing for known risk factors such as age, smoking, hypertension and initial serum cholesterol levels, the risk of coronary heart disease has been found to increase two to three-fold among subjects drinking five or more cups of coffee per day. A dose-dependent increase in risk was found, apparently providing strong support for a causal link between drug and effect.

Although some risk factors were accounted for, others were not, including



occupational stress, sedentary lifestyle, and bad diet, which are known to be associated with both heavy coffee consumption and heart disease. It is therefore possible that consumption may only be an indication of a lifestyle that predisposes to heart disease, rather than its prime cause.

In contrast to alcohol, the mechanism of coffee-induced heart disease is unknown. It might cause arrhythmias in the presence of atherosclerosis, or it may increase serum cholesterol concentrations. Further research is clearly needed.

# Homoeopathy and hay fever

Topics in Treatment is a regular series by Stephen Chaplin, MPS, staff pharmacist, Regional Drug Information Unit, Wolfson Unit of Clincial Pharmacology, Newcastle-upon-Tyne, looking at current developments in prescription medicines. espite Royal patronage, homoeopathy is not widely accepted in conventional scientific and medical circles. Critics claim there is a lack of adequately designed clinical trials showing any benefit, while its defendants protest that the philosophy of homoeopathy precludes investigation by scientific methods. These problems notwithstanding, a double-blind, placebocontrolled trial of the homoeopathic treatment of hay fever was recently published, and — unsurprisingly — has been criticised.

In this trial, a preparation of grass pollens was "potentised by succussion" until the original product had been diluted to 1 in 10°". At this point it could be said that none of the original substance remained in the mixture. This formulation was compared with the diluent alone, which had been subjected to the same "potentisation". The 108 subjects were allowed to take chlorpheniramine but no other drug use was reported.

After four weeks' treatment, the group given the homoeopathic formulation reported significantly milder symptoms, and the doctors' assessments confirmed this. The difference remained after adjustments for disparities in pollen counts, and the homoeopathy group also reported less use of cholorpheniramine. This group also showed

an initial exacerbation of symptoms, said to be typical of the response to homoeopathic products. The authors concluded that homoeopathy had been effective in treating hay fever.

Response to this study has largely been one of scorn for the philosophical basis of homoeopathy, but some criticisms are valid. The variation in symptom scores was very large in both treated and placebo groups, emphasising that the difference between the groups may have been due to chance despite the encouraging statistics. Furthermore, after adjusting for pollen count, the treated group were deteriorating during the final week of the study. Given the chronic nature of hay fever, the reported improvement in this group may have been shortlived. A future study should therefore be larger and of longer duration to allow for these factors.

A further criticism that could be levelled is that homoeopathic practices aim to individualise treatment, but in this trial all the subjects received an identical formulation. It may therefore not have been a study of homoeopathy but — as one critic suggested — a comparison of two placebos. Notwithstanding these problems, homoeopathy has thrown down a challenge to orthodox medicine which calls for further research.

A list of references used in the preparation of this article is available from the Editor.

# The Consumer Bill: a boon or a liability?

"Higher sales and more jobs" are promised by Trade and Industry Secretary Paul Channon as a result of the new Consumer Protection Bill. But not everyone is convinced of its benefits. The NPA is just one voice of dissent raised against some aspects of the Bill.

The Bill, introduced into the House of Lords on November 19, has three parts: product liability, a general safety requirement and misleading price indications.

Part 1 puts into effect the EC directive which must be implemented by member states by July 1988. This is the part of the Bill which dispenses with the need to prove negligence and places the burden of liability on producers, importers and own-branders. Retailers are not liable unless they won't identify the supplier.

By "producers", the Bill usually means the manufacturer. Importers are the people who import products into the EEC. Own-branders are defined as people who put their own name or mark on a product and hold themselves to be the producers.

As for the defects, the Bill takes into account the marketing of goods and their instructions; what might reasonably be done with them; and the time they were supplied (because of changing standards and the effects of age).

The defect *must* cause the damage — and by damage the Bill means death, personal injury or damage of over £275 to private property.

Producers can fall back on the development risks defence — that is, scientific and technical knowledge when the goods were supplied had not been

sufficient to expect them to spot the defect. They can also try and prove contributory negligence from the plaintiff.

The other defences are: that the defect was caused by complying with the law; that the producer didn't supply the goods; that the supplier wasn't in business; that the defect wasn't there when the item was supplied; or that the product was a component and the defect was due to the finished goods' design or specifications.

Part 2 is the safety duty, which makes it an offence to supply consumer goods "not reasonably safe having regard to all the circumstances".

This part of the Bill applies to anyone who supplies the goods. But retailers can use the defence that they didn't know and had no reasonable grounds to know that goods did not comply with the requirement. It will be a defence to show that goods met an approved standard.

Part 3 also centres on a general offence: giving a misleading price indication. The new provision deals only with prices offered to consumers and will be backed by a Code of Practice allowed as evidence.

The National Pharmaceutical Association is holding talks with the Trade and Industry Department and the DHSS to establish where, exactly, dispensing pharmacists will stand under the new Bill.

"What bothers us is the possibility that a pharmacist who puts his label on a dispensed medicine will be regarded as holding himself out as the manufacturer," director Tim Astill explained. "That would make the pharmacist strictly liable." Mr Astill was unable to say when the talks were likely to reach a conclusion.

And the NPA — along with the Retail

**Consortium** — also has misgivings about the Misleading Price Indications section.

"We are talking with the consumer unit of the DTI, but they seem intractable," he commented. "They seem intent on publishing a complex and detailed code on prices which is too long and complicated. Ministers and civil servants seem to forget that this is meant not for solicitors, but for ordinary retailers and ordinary shoppers".

The Consumers' Association's response is: "Yes, pharmacists might be held liable. Why shouldn't they be?"
David Tench, the CA's legal officer, acknowledged that in the question of the appropriateness of prescriptions, there should be no responsibility. But he went on: "We regard it as anomalous that a pharmacist supplying drugs is not involved in the way that he is when selling cosmetics." Mr Tench pointed out that pharmacists accept responsibility — "with equanimity" — under the Sale of Goods Act for the possible harm done by cosmetics.

"It's only by an accident of law that they're not already responsible under that Act for drugs dispensed under prescription — because these are funded by the State and therefore not a 'sale' under law. We think that's a pity. If the Bill adjusts an anomaly which wrongly exempts pharmacists from this responsibility, we think that's a good thing".

The Confederation of British
Industry is supporting the controversial
development risks defence in the Bill. "Its
absence would have put companies at risk
of heavy claims," claimed deputy director
general Kenneth Edwards, "and the
development of new products would have
been held back". He added: "Without the
defence, insurance costs would escalate,
particularly for industries such as
pharmaceuticals, and the availability of
cover would be threatened."



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# Tories in a quandary over Sunday Trade reform

While well over 100 Conservative backbenchers see the need to reform the Sunday Trading law, they are still finding it difficult to establish a consensus on the issue.

Their dilema has been highlighted by Mr Gary Waller, one of the original signatories of the Parliamentary motion which described the present law as "unworkable" and called for leisure outlets such as DIY shops and garden centres to be allowed to open on Sundays, our lobby correspondent writes.

He gave notice on Monday withdrawing his name as a supporter of the motion, in order to table an amendent which called on the House to recognise "that any legislation which enabled DIY shops and garden centres to sell goods on Sunday, which other retailers were forbidden to sell, would involve even worse anomalies than those inherent in the present unsatisfactory law".

Mr Waller's gyrations typify the difficulties faced by Conservative backbenchers and, coupled with the repeated warnings by the Government whips to avoid unnecessary controversy, explain why those successful in the ballot for Private Members' Bills have so far shown great reluctance to launch fresh legislation on Sunday trading.

■ Behind the scenes the Government has also been actively discouraging the introduction of a Private Member's Bill providing a legal enforceable right to interest on the late payment of debts.

Mr Richard Ottaway (Con) is the chief sponsor of a Parliamentary motion which argues that such legislation would "give teeth" to the voluntary code contained in the booklet "Payment on Time".

The motion, signed by more than 70 MPs of all parties, notes that in a survey carried out by the Forum of Private Business, 84 per cent of its members would support legislation to provide an enforceable right to interest.

The motion also points out that in a survey carried out by the CBI, 83 per cent of its members thought that "the existence of a statutory right to interest would result in the faster payment of bills".



# Macarthys' new look unveiled

Macarthys have now formally launched their new centralised manufacturing, wholesale and agency supply business.

Macarthy Medical Ltd has been formed through the merger of six companies, as part of chairman Nick Ward's revamping programme. The merged firms are Macarthys Ltd, Macarthys Surgical, Macarthy Laboratories, Martindale Pharmaceuticals, Arnolds Veterinary Products, and Arnold Surgical.

Mr Ward took on the reorganisation of Macarthys after investment group John Govett put in a bid to oust the old management.

Two divisions now combine the old companies' functions. A wholesale division serves retail pharmacists, NHS and private hospitals, and clinics. And the manufacturing and agency division makes medicines, surgical instruments and theatre products. The Martindale and Arnolds names stay on for branded human and veterinary field products.

The company has taken on a new logo and livery — shown here on the vans and to be introduced gradually to the depots.

# Beecham: new man, new drug

Beecham will soon reveal all about the second "mystery man" to be head-hunted for the new look board.

The company's first Mr X, Bob Bauman — brought over from the US to be chairman earlier in the year — told reporters that a financial director has now been found and will soon be named.

"We have found someone who has accepted the position and who is from the UK," said Mr Bauman, at the meeting to announce Beecham's interim results.

Those results have pleased the City, showing a 12 per cent leap in pre-tax profits to £155.2m for the six months to September 30.

Beecham have been given approval to market a new anti-arthritis drug in Britain. The company expects to launch nabumetone as Reliflex next Spring, a spokesman told C&D this week.

The drug has been approved for treatment of rheumatoid arthritis and osteoarthritis. Beecham describe it as the first non-acidic prodrug for the treatment of rheumatoid arthritis, and as such, the company says, it should be less likely to

irritate or damage the stomach.

The product has been available in the Republic of Ireland since October 1985, where it has been well received.

# Database launch from Vestric

Vestric are launching a new database with Walsh Marketing Systems to supply manufacturers with more specific sales statistics.

At present 100 ethical and OTC manufacturers using Viewdata are supplied with statistics of their sales through Vestric according to postal district or TV area. This service is now being linked with Walsh's data base which gathers information on individual company representatives.

Vestric are experimenting with Prestel TV sets and slave monitors in pharmacies through which both details of wholesaler/manufacturer promotions can be down-loaded together with related advertising for the consumer. Personal messages for customers can be added.

Beatson Clark are spending £200,000 on the batch paint at Rotherham enabling one furnace to produce white flint and amber glass.

# **VAT** attack

A new attack on the rigid penalties being imposed for late VAT returns has been launched by a Liberal MP.

Mr Paddy Ashdown, the party's spokesman for trade and industry, claims in a Parliamentary motion that the new non-mitigable penalties will severely damage small and newly registered businesses. Mr Ashdown urged Ministers to institute a review, to "take account of the problems that small businesses and newly registered businesses have with VAT returns".

Charles of the Ritz have been sold for over \$600m to Yves St Laurent SA. The sale is part of previous owners Squibb's policy of focussing on health care, and brings Yves St Laurent's cosmetics and fragrances, now produced by Charles of the Ritz, back together with the rest of the YSL business.

Chemist & Druggist 29 November 1986

# COMING EVENTS

# PEP talks

The Private Enterprise Programme, launched this week by the Manpower Services Commission, is a series of seminars for owners and managers of small firms.

The series of 12 seminars, developed under the Training for Enterprise scheme, covers business management skills and includes book-keeping, source of finance, computers, and employing staff. Participants may attend as many seminars as they wish. A one-day package costs

as they wish. A one-day package costs about £40, but new businessmen who have taken part in MSC enterprise schemes may be able to attend free.

The seminars will be held nationally and can be split into half-day units, taken at weekends or in the evenings. Details are available from MSC offices or job centres. Monday, 1 December

East Metropolitan branch. Pharmaceutical Society & West Ham District Association of Pharmacists. 7.30 pm at the Churchill Room, Wanstead Library, Spratt Hall Road, Wanstead, Ell. Resolutions for the 1987 Branch Representatives Meeting, followed by "Nebulisers in Question" video, wine and mince pies.

Tuesday, 2 December

Tayside Refresher Course, 7.30-9 pm at Ninewells Medical School, Dundee. Dr A.C. Scott on "New antibiotics: Need or Nuisance?"

Bristol and District branch, Pharmaceutical Society, 7.30 pm Centre for Medical Education, Southmead Hospital. Resolutions for Branch Representatives Meeting, followed by Dr F. Difford on "Training General Practitioners to make effective use of their Community Pharmacists".

Dumfries and Galloway branch, Pharmaceutical Society, 7.30 pm at Dumfries and Galloway Royal Infirmary.

East Kent branch, Pharmaceutical Society, 8 pm at Kent postgraduate medical centre, Kent & Canterbury Hospital. "Crime Prevention and Seasonal Refreshments".

Halifax & District branch, Pharmaceutical Society, 8 pm at postgraduate medical centre, Halifax General

Hospital. Allen & Hanbury's video on "Home Nebuliser Safety Programme" and discussion of Branch resolutions.

Lanarkshire branch, Pharmaceutical Society, 7.45 pm at Ross Hall for visit to Ross Hall Hospital.

Wednesday, 3 December

Sheffield & District branch. Pharmaceutical Society. 7:30 pm at the Lecture Theatre, Jessop Hospital on "Homoeopathy".

Sunderland Polytechnic. 7:30 pm in the Library

Sunderland Polytechnic, 7.30 pm in the Library Lecture Theatre, Sunderland Polytechnic. Dr A.C. Moffat on "The Pharmacist in Forensic Science". Further details contact The Dean, Faculty of Pharmaceutical Sciences, Sunderland Polytechnic, Sunderland SR2 7EE.

Thursday, 4 December

Barnet branch, Pharmaceutical Society, 8 pm at Barnet General Hospital, postgraduate medical centre. Charity Concert in aid of the North London Hospice Movement, Avenue House, Finchley N3.

Weald of Kent branch. Pharmaceutical Society, 8 pm in the postgraduate centre, Kent & Sussex Hospital, Tunbridge Wells, "Pictures from Russia". Illustrated talk by branch members Mr and Mrs TC. Clifton on a recent visit.

# CLASSIFIED

**Appointments** 

# **TEACH IN JAPAN**

Persons with a degree and experience in Pharmacy or Pharmacology wishing to teach English to Japanese businessmen for one or two years in Tokyo and other parts of Japan should write to:

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Further information on the position, qualifications, salary, benefits, transportation and housing can be obtained by airmailing a detailed resume and recent photograph to I.E.S.

Interviews will be held in London in early February 1987.

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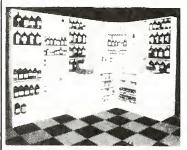
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# Sharp resigns as OPD manager

John Sharp, the pharmaceutical industry's project manager for original pack dispensing, has resigned from his post at the Association of the British Pharmaceutical Industry.

Mr Sharp has declined to give any reasons for his departure, saying only that he is moving to a "new and exciting industrial venture". But it is no secret that the ABPI's plans to move medicines into original packs has caused disagreements between member companies. The DHSS has yet to endorse the ABPI's proposals, which has made many companies reluctant to push ahead on their own.

Mr Sharp, who moved to the ABPI from the DHSS Medicines Inspectorate, will be working out three months' notice before moving on in February. Whether he is to be replaced is currently under review.

# A rose by any other name...

A new variety of rose, which has taken eight years to perfect, is to be named after Fisherman's Friends throat lozenges.

And managing director of the lozenge manufacturers, Lofthouse of Fleetwood Ltd, Mrs Doreen Lofthouse, hopes the rose will raise a substantial amount for the BBC's "Children in need" Appeal.

The red rose was auctioned for the Appeal on the Derek Jameson radio show last week. Mrs Lofthouse bid £12,500 for the chance to christen it. Now the company is contacting its importers worldwide, to inform them that the rose is available, and that it is likely to feature in advertising and promotions. A percentage of profits made on orders received by the rose growers will go to the Appeal. The rose — "blood red for Lancashire" — will also be planted at the factory.

Cambridge & District Co-op: Brian Woods is appointed superintendent pharmacist to their four pharmacies. Mr Woods, who qualified as a pharmacist in 1975, joins the Co-op's management executive team from Boots, where he held managerial positions in a number of stores.



Arthur Wright (left), the now retired editor and publisher of *Chemist & Druggist*, opened the speeches at a recent dinner held by the pharmaceutical Press to bid farewell to retiring *PJ* editor Bob Blyth. Mr Blyth (centre) was presented with a carriage clock by *PJ* colleague Ray Davies

# Watchdog!

The National Pharmaceutical
Association played host to the BBC
recently, when they visited
Mallinson House to film for the
"Watchdog" consumer programme.

Staff and administration officer Valda Elson, contacted the BBC after a financial agency using high-pressure selling techniques had been busy on the streets of St Albans. Some of the younger NPA staff had been persuaded to join a saving scheme without realising what they were committing themselves to, she says. The BBC spent the day at the NPA filming an interview with Mrs Elson, a mock-up of the street meeting between client and seller, and interviews with the girls concerned. The programme featuring the interviews will be broadcast on December 4 on BBC2.



National Pharmaceutical Association PR Tanya Turton got some of her own medicine this week when she had to stand in for a pharmacist on a Radio Oxford phone-in.

A reporter called her on Monday asking for a pharmacist in the Oxford region who could go on the air "within the hour" to give health information on the control and treatment of headlice. The

NPA had sent out a media pack on infestation following an incident in Leeds when a patient using an alcohol based product for headlice set fire to her hair.

# Two Marks for YPG

The Young Pharmacists' Group elected a new committee during its first Conference at Society headquarters at the weekend (see p921).



The chairman is
Mark Walker (left),
a pharmacist with
Eli Lilly & Co Ltd,
and former
president of the
British
Pharmaceutical
Students'
Association and
secretary to the
European Pharmacy
Students Committee.

Vice-chairman is Mark Koziol, who together with Robert Carroll (secretary), Ailean Shearer (treasurer), and Peter Joshua (South-West representative) make up the original "gang of four" who founded the YPG. PR officer is Sean Wheatley and membership secretary Michele Crank. Other regional representatives include Ian Millar (Scotland), Penny Coolican (North of England), Ian Wilding (Midlands) and Mark Goldstone (London).

Nicholas Laboratories: Michael Connolly has been appointed marketing manager, OTC Pharmaceuticals. He joins Nicholas from Ciba-Geigy.

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